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T. CLINE

APR 28 2011

EXAMINER

SECRETARY OF STATE

COVER LETTER

Division of Corpo	rations					•		
SUBJECT:	C	Caribb	ean T	ua. L	LC			
50B6EC1:	Name of							•
Dear Sir or Madam:								
The enclosed Registered	A cant/Dagistarad	Office (Thomas	and fa	a(s) ara submitt	ad for fili	na	
The enclosed Registered	Agent/Registered	Office	Juange	and ic	e(s) are subilliu	eu ioi iiii	ng.	
Please return all correspo	ndence concerning	g this m	atter to	the fol	llowing:			
Pei	er F. Souza							
Nar	ne of Person							
	rporate Services	3		_				
Firr	n/Company		•					
	ample Road Suit	te 101		_				
A	ddress							
	orings, FL 33065			_				
City/Sta	te and Zip Code							
PSouz E-mail address: (to be used	a@NRAl.com					⊼ ∪	e 28	
E-mail address: (to be used	for future annual report	notificatio	n)	_			7 = 7	FFIX
For further information co	oncerning this mat	ter, plea	ise call:			HASSE	2011 APR 25	
Peter So	uza	at (_	954)	318-2	.787 <u></u>		gar.
Name of Pers	on	(_		Area Coo	de & Daytime Telepl			
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle	·	Reg Divi P.O.	istratio sion of Box 6	ADDRESS: n Section f Corporations 327 e, Florida 32314	DA	- -	
Enclosed is a che	ck for the followi	ng amo	unt:			•		
\$25 Filing Fee			\$5	5 Filin	g Fee & Certifi	ed Copy		

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	Caribbean Tug, LLC				
2. (a) Principal office address of limited liability company	7: 1300 Elle	1300 Eller Drive			
(Note: MUST BE STREET ADDRESS)	Fort Lauderdale, FL 3331	6			
(b) Mailing address of limited liability company:	PO Box 13038				
(Note: MAY BE POST OFFICE BOX)	Ft. Lauderdale, FL 33316	<u>; </u>			
07/02/2009	L0900006423	23		<u></u>	
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	pt. of S	State:		
Registered Agent:	Steven Ganoe			—	
Registered Office Address:	1300 Eller Drive	Z s	2	 .	
	Fort Lauderdale, FL 3331	<u>69</u>	APR		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address	ARY SSE	25	Same a	
NEW Registered Agent:	NRAI Services, Inc.		登	- T	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue	SET L	9		
(MUSI BE FLORIDA STREET ADDRESS)	Tallahassee	,FL	32301		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the re- ical. Or, in the case of a Flor was/were authorized by an a	gistere rida lin affirma	ed office nited ative vo	ite	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my portupater 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company NRAI Services. Inc.	- gree to act in this capacity. Sper and complete performan sition as registered agent as rely reflect a change in the re y has been notified in writing	l furth ice of provid gister of thi:	er agre my duti led for i ed offic s chang	e to es, n ee e.	
Signature of Registered Agent Peter F. Souza, Assistant	Secretary				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00